Referral for Initial Evaluation

I. Demographics

Referred by:			Referral Date:
Student Name (Last) (First) (Middle)		Date of Birth	Gender
Primary Language:		English Proficient: ☐ Yes ☐ No	
School:	Teacher:		Grade:
Name of Parent/Guardian:			Place of Work:
Home Address		Home Phone:	Work Phone:

II. Suspected Disability (Check all that apply) (Attach Pre-Referral Checklist Areas Checked)

☐ Speech or Language	☐ Emotional Disability	☐ Specific Learning Disability	☐ Autism
☐ Orthopedic Impairment	☐ Other Health Impairment	☐ Mental Retardation	☐ Traumatic Brain Injury
☐ Vision Impairment	☐ Deafness	☐ Deaf Blindness	☐ Multiple Disabilities
☐ Hearing Impairment	☐ Developmentally Delayed		

III. Review of Existing Evaluation Data (*Attach evidence to support information stated below):*

A. Current evaluations (no more than 3 years old):

B. Screening result (Please attach any screening information related to health, vision, or hearing in addition to the academic areas listed below)

Reading Math Other

C. Information provided by the parents of the child:

D. Current classroom-based State or National assessments:

E. Observation by teachers and related service providers:

F. Summary of Grades:

G. Any additional Information that may relevant. (Write on the back if necessary):

IV. Referral Received By:

Special Education Representative:	Date Received: